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Letter dated 24 July 2015 from the Secretary-General addressed to the President of the General Assembly

1. The present letter on the work of the United Nations in response to the Ebola outbreak in West Africa covers developments from 1 June to 1 July 2015, the 270-day mark since the establishment of the United Nations Mission for Ebola Emergency Response (UNMEER). It records activities carried out by my Special Envoy on Ebola and UNMEER and provides an update on progress made in the Ebola response pursuant to General Assembly resolution 69/1 since my update of 16 June 2015 (A/69/939).

Current situation of the Ebola outbreak

2. As at 1 July, a total of 27,550 confirmed, probable and suspected cases of Ebola had been reported in Guinea, Liberia and Sierra Leone, in addition to 1 case recently discharged from hospital in Italy and cases in six previously affected countries (Mali, Nigeria, Senegal, Spain, the United Kingdom of Great Britain and Northern Ireland and the United States of America). A cumulative total of 11,235 confirmed, probable and suspected deaths had been reported.

3. In June, the combined weekly incidence fluctuated between 20 and 27 cases in Guinea and Sierra Leone. In Guinea, the incidence remained between 10 and 12 confirmed cases. In Sierra Leone, the incidence decreased from 15 confirmed cases reported in the week to 7 June to 8 cases reported in each of the two weeks to 28 June. This is the lowest reported number since mid-May. On 29 June, routine surveillance detected a confirmed case of Ebola in Margibi County, Liberia, the first new confirmed case in the country since 20 March.

4. The geographical area of active transmission has remained the same since May in both Guinea and Sierra Leone, with seven districts and prefectures having reported a confirmed case between 1 and 28 June. Almost all transmission is now centred in and around the western coast of Guinea and Sierra Leone. In Guinea, the western prefectures of Boké, Conakry, Dubréka and Forécariah accounted for 39, 11, 15 and 35 per cent, respectively, of all confirmed cases during the same period. After more than a month without reporting a single case, the prefecture of Conakry reported five cases.

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5. In Sierra Leone, Kambia, Port Loko and Western Area Urban (including the capital, Freetown) accounted for 33, 54 and 13 per cent, respectively, of all confirmed cases from 1 to 28 June; the other 11 districts reported no cases.

6. The epicentre of the initial outbreak, in the tri-border area around the Guinean prefecture of Guéckédou, the Liberian county of Lofa and the Sierra Leonean district of Kailahun, has not recorded a confirmed case for more than 190 days; it has been more than 120 days since the last confirmed case was reported from the Guinée Forestière region. Owing to the proximity to Guinea-Bissau of the recent cluster of cases in the Guinean prefecture of Boké, response teams from Guinea-Bissau were deployed to the border to assess points of entry, raise community awareness and strengthen the surveillance system. An epidemiological investigation team was also mobilized to ensure contact tracing across the border.

Progress towards ending transmission

Overall assessment

7. With persistent and fluctuating transmission week-by-week, community engagement, safe burials, case finding, targeted active surveillance and contact tracing are being strengthened in areas of continuing transmission to ensure that remaining chains of transmission are detected, contained and stopped. Community engagement remains of particular importance because resistance to the response continues to be a concern. In Liberia, an enhanced surveillance framework for priority communicable diseases and other events of public health importance is currently being implemented.

8. The identification of a first confirmed case in three months in Liberia demonstrates the importance of heightened surveillance and the need for continued vigilance. The World Health Organization (WHO) is working with partners in Liberia to trace all contacts, identify the source of infection and assess levels of risk. Additional epidemiological, infection prevention and control and social mobilization and community engagement personnel have been deployed from the national level to reinforce capacity in Margibi County. WHO, with support from the field presences of the United Nations Mission in Liberia, is working to ensure that surveillance and community engagement are further strengthened in all counties and that clear plans for the reactivation of Ebola response efforts are in place.

Progress towards meeting key targets

9. In Sierra Leone, Operation Northern Push was launched on 16 June. It has been designed to identify, contain and eradicate Ebola from infected areas in the districts of Kambia and Port Loko by employing strengthened surveillance, contact tracing and, when necessary, quarantine and by strictly enforcing existing bylaws. The strategy relies on the public to telephone a designated number to report people displaying symptoms or community deaths. Between 1 and 28 June, there were 1,611 alerts for people with Ebola-like symptoms and 6,606 burial alerts, of which some 99 per cent were responded to within 24 hours.

10. Following the decision to extend the 45-day reinforcement of emergency measures declared by the President of Guinea, a new reinforced surveillance campaign was launched in the prefectures of Boké, Dubréka and Forécariah, targeting communities that had reported cases in the past 21 days through enhanced

case finding. During that period, measures including restrictions on the movement of affected communities, the provision of free medical care and regular food distributions were put in place. An integrated team of epidemiologists, contact tracers and social mobilization experts from WHO and the United Nations Children's Fund (UNICEF) was deployed to the village of Koloteyeh, Forécariah prefecture, for the duration of the 21-day campaign. UNICEF has begun to distribute emergency supplies in the affected communities, including tents for the isolation of people under quarantine, and to provide refresher training for school staff.

11. In Guinea and Sierra Leone, contact tracing remains vital in understanding the chains of transmission and rapidly isolating contacts who become symptomatic. In Guinea, an average of 56 new contacts were registered per confirmed case, with 2,104 contacts under follow-up as at 28 June. Some 99 per cent of those contacts are being traced daily. In Sierra Leone, cases are distributed across three districts, with 1,489 contacts under follow-up as at 28 June. Some 98 per cent of those contacts are being traced daily, with an average of 23 newly registered contacts per confirmed case. Of the newly confirmed cases reported, 70 per cent arose from registered contacts in Guinea between 1 and 28 June, compared with 73 per cent over the same period in Sierra Leone.

12. In Liberia, the level of vigilance remains high as an enhanced surveillance framework for priority communicable diseases is being implemented. The framework, which includes community and cross-border surveillance components, leverages routine surveillance and support functions at all levels. It also involves regular monitoring and reporting in relation to 10 epidemic-prone diseases and public health events. The value of the approach was demonstrated by the detection of the first reported case in Margibi County. UNICEF, the World Food Programme (WFP) and partners have supplied food and hygiene kits to homes under voluntary precautionary observation, while response workers are monitoring population movements in the county.

13. In Guinea, Liberia and Sierra Leone, current treatment capacity far exceeds need. Accordingly, WHO, in coordination with ministries of health and partners, has continued to pursue the safe decommissioning of surplus Ebola treatment centres. Each country will retain a core capacity of high-quality centres strategically located to ensure complete geographic coverage, with additional rapid-response capacity held in reserve; 8 core centres will be retained in Guinea, 5 in Liberia and 10 in Sierra Leone. As at 28 June, there were 7 core centres in Guinea, 6 in Liberia and 10 in Sierra Leone.

14. As facilities are decommissioned, district health facilities are being supported to safely assume responsibility for triage and isolation or referral of cases. Decommissioning planning has begun in Guinea. In Sierra Leone, UNICEF, in coordination with the national authorities, has decontaminated and closed 29 community care centres, leaving 17 operational across four districts. In Guinea, three of the initial six centres remain functional and a new isolation and transit centre has been built in Kamsar, Boké prefecture. In Liberia, the equipment and commodities to implement 16 rapid isolation and treatment facilities remain pre-positioned. Training to improve engagement with Ebola-affected people in health-care settings has begun. At a recent meeting of foreign medical teams in Sierra Leone, Ebola treatment centre workers received training and information on

how to offer support and build the communication skills of health-care staff to further improve the treatment centre environment.

15. Between 1 and 28 June, after two months with no new infections of health-care workers in Guinea, three workers were infected in Boké prefecture. Another was infected in the Sierra Leonean district of Port Loko.

16. There is sufficient laboratory capacity in Guinea, Liberia and Sierra Leone to meet existing needs. In June, the number of operational laboratories, coordinated by WHO, increased from 9 to 10 in Guinea and decreased from 4 to 3 in Liberia and from 11 to 9 in Sierra Leone, for a total of 22. In the four weeks to 28 June, 2,602 new and repeat samples were tested in Guinea, 6 per cent of which tested positive for Ebola. During the same time period, 7,385 new samples were tested in Sierra Leone, of which less than 1 per cent tested positive. Of the 860 new and repeat samples tested in Liberia during the same period, none tested positive. In the four weeks to 28 June, the percentages of samples tested that were collected from dead bodies were 73 per cent, 41 per cent and 79 per cent in Guinea, Liberia and Sierra Leone, respectively.

17. Community engagement continues to improve and there have been very few incidents of refusals to cooperate. The need for effective community engagement remains a key priority in all affected countries.

18. The sufficient capacity to conduct safe burials at the national level notwithstanding, 11 of the 30 deaths from Ebola reported in Guinea between 1 and 28 June occurred in the community. Over the same period in Sierra Leone, 6 of the 20 deaths from Ebola occurred in the community. Unsafe burial practices remain of concern: 56 reports of unsafe burials were received by the WHO country office in Guinea between 1 and 28 June, while rumours of unsafe burial practices continue to be investigated in Sierra Leone.

Update on the operational activities carried out by the United Nations system through the Mission and its partners

19. The response of the United Nations system has focused on activities to achieve zero transmission, including reinforcing active surveillance, contact tracing and community engagement and mobilization. In Guinea and Sierra Leone, efforts are also under way to assist the Governments in restoring basic services and preparing for the transition to early recovery. In Liberia, response activities have focused on early recovery and longer-term strengthening of the health-care system. The International Organization for Migration (IOM) is providing technical assistance to the Government of Liberia in the updating of the guidelines for community event-based surveillance, ensuring alignment with the integrated disease surveillance and response strategy. IOM, the Ministry of Health and other partners are planning community event-based surveillance training sessions in Bomi, Grand Bassa and Grand Cape Mount counties.

United Nations partners

20. Following the increase in new cases in June, Médecins sans frontières is setting up a fourth Ebola management centre in Boké to support the Ministry of Health of Guinea. Its outreach and social mobilization teams continued to carry out activities in Guinea and Sierra Leone, with a particular focus on Conakry and

Forécariah in Guinea and Kambia and Port Loko districts in Sierra Leone. Its epidemiological team is investigating the resurgence of Ebola cases in Freetown. In Monrovia, its 50-bed paediatric hospital has been operating at full capacity.

21. The International Federation of Red Cross and Red Crescent Societies continued to work with national Red Cross societies as the lead partner in safe and dignified burials. In June, teams from the Guinean Red Cross and the International Federation carried out 2,080 such burials. On 6 June, the Guinean Red Cross set up a mobile radio station in Dubréka and distributed solar radio sets for people to listen to Ebola messages. On 7 June, it took over swabbing in Dubréka, making it the sole organization responsible for swabbing in all Ebola-active regions. Its teams also disinfected 1,473 homes and transferred 122 patients to treatment facilities. In Sierra Leone, 55 Red Cross safe and dignified burial teams conducted 1,763 safe burials and disinfected 1,436 houses. The Liberian Red Cross and the International Federation have pre-positioned facilities in readiness for any outbreak. The safe burial of the case of 29 June highlights the continued preparedness.

United Nations system

22. To date, UNICEF and partners have raised the awareness of 3,655,000 households across the three most affected countries regarding Ebola prevention. In Guinea, the social mobilization and community engagement team played a key role in the 24-day emergency health campaign in the subprefecture of Tanéné that was launched on 7 June. During the first four days of door-to-door visits, social mobilizers reached 2,834 households. Through their efforts, 319 sick people were discovered, of whom 1 tested positive for Ebola. To measure the impact of the social mobilization efforts, a survey was conducted before and after the campaign. It demonstrated that understanding of the risks of transmission had improved significantly as a result of the efforts. In addition, the waiving of user fees as a result of the provision of free medicines to health centres saw consultations increase by 65 per cent. A new campaign designed in concentric circles around hotspots with door-to-door visits and closer monitoring has been combined with incentives for 150 affected extended families to remain close to their village and accessible.

23. In Western Area Urban of Sierra Leone, 1,154 households have been reached through intensified activities in marketplaces and at the bus terminal, including through the strategic placement of 180 hand-washing buckets. The mapping of partners for Western Area Urban has been updated, with 3,137 active social mobilizers recorded among 12 organizations. UNICEF and social mobilization partners are supplementing Operation Northern Push with the deployment of an additional 1,750 social mobilizers to target hotspots. In Port Loko, a daily one-hour radio programme was launched on the two most popular community radios in the district. Transport of water to quarantined households has been organized, as have the construction of pit latrines and the distribution of hygiene kits.

24. UNICEF is supporting government efforts to standardize school-based water, sanitation and hygiene infrastructure. In Guinea, more than 2 million people have benefited from household water, sanitation and hygiene kits; 35 boreholes have been rehabilitated in Boké and Kindia and an additional 15 community boreholes have been drilled in Forécariah to benefit in excess of 5,000 people. UNICEF, in partnership with a non-governmental organization, Search for Common Ground, used a mobile cinema to raise the awareness of 1,569 people through 57 screenings

of a special film promoting proper hygiene. In Sierra Leone, UNICEF and water, sanitation and hygiene partners have reached almost 1.5 million people with Ebola prevention messages. UNICEF continues to support 17 community care centres and 28 Ebola treatment units in eight districts. In all three countries, it continues to support care centres for asymptomatic children who are high-risk contacts for Ebola cases.

25. In June, WHO had 1,237 staff, including more than 400 epidemiologists, deployed in 68 locations in Guinea, Liberia and Sierra Leone. As at 2 June, it had documented more than 2,652 international deployments (including network and partnership arrangements) in Guinea, Liberia, Mali and Sierra Leone since the onset of the outbreak. In Guinea, it recruited 207 national workers to support continuing vaccine trials. WHO will sustain a large presence beyond the end of the outbreak to ensure sufficient surveillance capacity and to support the countries in the implementation of early recovery plans.

26. WHO has continued to coordinate and deploy international technical assistance from the Global Outbreak Alert and Response Network for nationally led response efforts, deploying 90 experts for critical response functions (56 in Guinea, 9 in Liberia, 23 in Sierra Leone and 2 at WHO headquarters). A further 57 experts are awaiting deployment. Since March 2014, WHO has deployed 840 experts from partner networks and 58 foreign medical teams from more than 40 partner organizations.

27. To support Operation Northern Push in Sierra Leone, WHO has deployed to the districts of Kambia and Port Loko more than 100 personnel, including epidemiologists, infection prevention control specialists, clinical mentors and geographic information system specialists. From 19 to 25 June, WHO and UNICEF community engagement and risk communication experts visited Sierra Leone to support the Ministry of Health and Sanitation, WHO and UNICEF country staff and other partners involved in vaccine trials and immunization programmes.

28. In June, WFP extended its emergency operation until September, retaining the capacity to care and contain as transmission continues in the affected countries. In Guinea, it is supporting government awareness-raising campaigns. In the first two weeks of June, its food supplies reached more than 17,000 quarantined people in Dubréka. Food deliveries are under way in Boké and Forécariah. It is also providing staff, fuel and additional logistical support to the campaigns. To support Operation Northern Push in Sierra Leone, it delivered food rations to quarantined households and provided vehicles to its partners and to the district Ebola response centres to transport mixed commodities. In addition, WFP has planned short-term support for severely food-insecure people in Ebola-affected areas during the peak lean season and expanded food assistance and social protection support for Ebola-affected groups. Targeting modality and beneficiary estimates in that regard will be supported by the preliminary results of the nationwide emergency food security assessments in Guinea, Liberia and Sierra Leone.

29. Within the framework of its special operation, WFP is working with partners to build a stronger response system for the future through the transfer of knowledge and capacity to national institutions and personnel. It continues to support the implementation of the WFP-WHO joint collaboration across the three countries, establishing accommodation and field offices at designated sites.

30. The United Nations Humanitarian Air Service has transported more than 19,500 passengers throughout the region since the outbreak began. Its fleet currently consists of four fixed-wing aircraft and five helicopters, two of which are equipped for the medical evacuation of health and humanitarian personnel with Ebola-like symptoms. To date, the Air Service has performed 45 medical evacuations in Guinea, Liberia and Sierra Leone.

31. In Guinea, WFP completed the construction of the Nongo Ebola treatment unit, which was handed over to Médecins sans frontières and will open on 5 July. In preparation for the rainy season, it is consolidating all logistics and storage facilities in Guinea, Liberia and Sierra Leone. In view of the possibility of deteriorating road conditions during the rainy season, new helicopter routes have been established in Guinea, as have four vehicle repair workshops in Liberia.

32. The WFP-led logistics cluster supported various campaigns by facilitating the establishment of base camps for humanitarian workers in Guinea and the transportation of tents to build the UNICEF base camp in Sierra Leone. Through the emergency telecommunications cluster, Internet services continued to be provided to 83 humanitarian facilities in Guinea, Liberia and Sierra Leone, ensuring reliable Internet access for more than 2,700 humanitarian responders. The cluster is planning to withdraw Internet connectivity in locations declared free of Ebola and retain it where transmission is continuing. It is also working on a transition plan to avoid service interruptions.

33. Under the joint collaboration between the Food and Agriculture Organization of the United Nations and the World Bank, 48,000 bars of soap and 12,000 bottles of chlorine were distributed to Ebola-affected communities in Guinea and agricultural implements were provided to Guinean farmers. To mitigate the risk of exposure to Ebola through wildlife, in particular as a result of handling and processing bushmeat, a human-wildlife ecosystem interface early warning system is being established.

34. In Sierra Leone, IOM and implementing partners continued to train health-care professionals and front-line responders on infection prevention and control and clinical care. In the light of the decline in Ebola transmission, the number of trainees has decreased, falling from 150 per week in May to some 120 per week in June.

35. In addition, IOM is assisting in training some 2,000 health-care workers in four government hospitals: three in Freetown and one in Kambia. To respond to the Ebola outbreak in Magazine Wharf in Freetown, IOM deployed 32 staff, including social mobilizers to raise awareness, clinical experts to assess medical supply needs and trainers to build the capacity of first responders. The IOM health and humanitarian border management project is expanding activities at Lungi International Airport. It has deployed three flow monitoring point teams at the border crossing points in Gbalamuya, Kambia district, and two teams are to be deployed in Sanya, Bombali district. They will monitor health screening exercises, collect migratory flow data, raise the awareness of travellers of the need to wash their hands and of Ebola infection prevention and control measures, coordinate training of screening personnel and partner with the Ministry of Health and Sanitation and the United States Centers for Disease Control and Prevention to produce standard operating procedures for land borders.

36. In Guinea, IOM continued to support 25 prefectural emergency operations centres with monthly office supplies, fuel for electricity generators and computers with Internet connections. It has rehabilitated buildings housing the Ebola operations centre in Boké.

37. In addition, to ensure safe migration and better health management, IOM is currently carrying out humanitarian health and border management activities at both the Guinea-Mali border and the Coyah-Forécariah-Pamalap-Kambia border crossings with Sierra Leone. To maintain effective checkpoint operations, it is providing tents, hygiene kits and other equipment at the borders. In Liberia, the midterm assessments of the cross-border operational plan concluded for Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba counties. The assessments were aimed at identifying gaps in coordination, preparedness and surveillance capacity in border towns in those counties. Further support was recommended for the expansion of community event-based surveillance in all communities. Related training in Grand Gedeh, Maryland and River Gee counties is under way.

38. The United Nations Population Fund (UNFPA) has partnered with UNMEER to support contact tracing in Guinea through a mobile phone-based data collection application. In preparation for the recovery and resilience phases, UNFPA is collaborating with Columbia University and the Ministry of Health to monitor community maternal health indicators through the application.

39. In Sierra Leone, UNFPA continued to support 1,240 enhanced contact tracers and 234 contact tracing supervisors. As part of its support for Operation Northern Push, it provided 12 motorbikes to the Ministry of Health and Sanitation, while two vehicles are being used in the districts to support contact tracing activities. To facilitate movement during the rains, it provided 530 rain boots and 840 rain suits to response workers and reengaged an additional 77 contact tracers in the districts of Kambia and Port Loko.

40. In Sierra Leone, the United Nations Development Programme (UNDP) is providing regular monthly Ebola risk allowances to some 3,000 repurposed Ebola response workers. More than 70 per cent of payments have been made through banks and the remainder through mobile network operators. Payments have been processed for all requests received as at 30 May. To support Operation Northern Push, it has deployed a network of 10 civil society organizations to monitor response activities in the districts of Kambia and Port Loko. In Liberia, UNDP has facilitated hazard payments for some 6,555 Ebola response and routine health-care workers covering the period from October 2014 to March 2015. Hazard payments for April and May 2015 are currently being vetted by the Government. With the exception of routine health-care workers responding to the current outbreak, the April and May payments will be the last.

41. The Office for the Coordination of Humanitarian Affairs continued to monitor humanitarian needs in Guinea, Liberia and Sierra Leone, providing operational and technical support to emergency preparedness and contingency planning mechanisms and assisting with preparations by non-governmental organizations for the International Ebola Recovery Conference to be held on 10 July.

42. In Liberia, the Office facilitated the roll-out of the health, logistics, water, sanitation and hygiene, protection, early recovery, food security and education clusters and supported the resident coordinators' fundraising, coordination,

information management and advocacy efforts. In Guinea, it provided secretariat and technical support to coordination mechanisms, strengthened field coordination in the areas in which Ebola transmission is active and prepared a forthcoming inter-cluster needs assessment. In Sierra Leone, it established an intersectoral coordination mechanism, facilitated the compilation of needs assessments and worked with donors to mobilize support for a capacity assessment project.

43. In Sierra Leone, UNMEER continued to draw down its programmatic activities ahead of its transition and handover of all operational functions to the United Nations country team. It provided financial incentives for contact tracers, social mobilizers and cross-border and inter-district surveillance teams, including in relation to Operation Northern Push. It also procured rations for Sierra Leonean police officers involved in Ebola operations, hired boats for use in riverine areas not accessible by road and distributed materials to support the operations.

44. With funding from the Ebola Response Multi-Partner Trust Fund, UNMEER has paid the salaries of 32 core staff of the National Ebola Response Centre in Sierra Leone. It has supported critical Ebola response surges at various times with more than $550,000 from the Trust Fund. In anticipation of the Mission's closure, the Centre has relocated its offices. The United Nations Office for Project Services in Sierra Leone has been selected to act as a financial service provider and will be responsible for paying the salaries of the 32 situation room and former UNMEER staff embedded in the Centre.

45. With funding from the Trust Fund, UNMEER has implemented 46 community-based projects in 13 Sierra Leonean districts, totalling $878,034. Owing to the increasing need, a request has been made for an additional amount of $500,000 to implement other approved projects that will support efforts to achieve zero transmission. UNMEER is handing over the management of the community-based project mechanism of the Trust Fund to UNDP. The Mission has provided $600,000 to its implementing partner, Catholic Relief Services, to provide office equipment and satellite telephones to the district Ebola response centres and the district health management teams in 12 rural districts of Sierra Leone.

46. In Guinea, UNMEER has funded 13 community-based projects from the Trust Fund, for a total of $934,759. The projects supported social mobilization and communication activities and assisted Ebola-affected populations through the provision of nutrition support, sanitation and condolence kits and cash incentives for Ebola response workers. With its closure, the Mission is transferring the management of the community-based project mechanism of the Trust Fund to UNDP in Guinea, including an unspent $1 million for new projects.

47. To enhance cross-border cooperation, UNMEER facilitated a meeting in Conakry of key national Ebola response stakeholders from Guinea and Sierra Leone. It was a precursor to a joint visit on 5 June by the Presidents of those countries to the border towns of Pamalap and Gbalamuya. During the visit, the Presidents agreed to extend emergency health measures and heighten border surveillance and cooperation. My Acting Special Representative was joined by my Special Envoy on Ebola at the meeting. Meanwhile, in Liberia, WHO is working with the Ministry of Health to strengthen surveillance in the border areas through, among other things, the expansion of community event-based surveillance, the strengthening and scaling up of integrated disease surveillance and response efforts, the strengthening of screening at points of entry and improved cross-border

collaboration. Aside from the Guinée Forestière region where the outbreak began, UNMEER has redeployed the remaining field operations to the most affected prefectures: Boké, Conakry, Dubréka and Forécariah. It has supported the "Forécariah 2" campaign, launched on 7 June, by providing free mobile health care and positioning surveillance teams in localities covering some 261,124 persons in 43,521 households.

48. As part of its drawdown process, UNMEER provided logistical support to the Ebola national coordination and response partners in Guinea by donating vehicles previously on loan to them, including 2 to the Ebola national coordination office, 4 to the Office for the Coordination of Humanitarian Affairs, 5 to a non-governmental organization, Women and Health Alliance International, and 17 to WHO. In total, 79 vehicles have been donated. UNMEER facilitated the shipment of a donated heavy-duty incinerator to the regional hospital in Kankan. It has made arrangements to hand over to WHO 1,000 disinfectant dispensers, 3,330 litres of disinfectant liquid, a blood cell counter and an incubator. It donated 81 motorbikes to the Guinean Red Cross, 24 to UNICEF and 26 to WHO.

Activities of the Special Envoy on Ebola

49. My Special Envoy continued to provide strategic leadership and guidance to the Ebola response effort, including through weekly meetings of the Global Ebola Response Coalition. He continued to conduct outreach and advocacy with key Member States and donors with a view to mobilizing the resources needed to end the outbreak and to support the recovery efforts of the affected countries through, among other things, the International Ebola Recovery Conference.

50. During the reporting period, the Government of the Czech Republic and the United Nations African Mothers' Association, an international non-governmental organization, contributed $205,052 and $20,000, respectively, to the Ebola Response Multi-Partner Trust Fund, which is managed by my Special Envoy. As at 30 June, contributions totalling $140.7 million had been made to the Trust Fund, of which $133.6 million had been disbursed. To support advocacy efforts among response partners, my Special Envoy published a report entitled "Making a difference: progress report 2015" (available from https://ebolaresponse.un.org/publications) in which the global, regional and national response efforts and the results achieved to date are described.

Building resilience and supporting recovery

Ebola recovery planning

51. UNDP worked closely with the Governments of Guinea, Liberia and Sierra Leone and with the secretariat of the Mano River Union to support them in costing and finalizing their recovery plans ahead of the International Ebola Recovery Conference. With support from my Special Envoy, UNDP worked to identify resource gaps, engage in advocacy with donors for new pledges of funding against the plans and support the organization of the Conference.

52. Ahead of the International Ebola Recovery Conference, WHO, in partnership with the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, Tuberculosis and Malaria, organized a technical consultation in Accra that brought together representatives of the Governments of Guinea, Liberia and

Sierra Leone, bilateral cooperation agencies and international technical agencies to discuss modalities for supporting the implementation of the national recovery plans based on effective harmonization and alignment principles (International Health Partnership Plus). The participants identified the action needed to improve the integration of services and efficiency. WHO and partners pledged to continue to support core system needs in ways that would build resilience and avoid duplication and fragmentation.

53. Of the $518 million dedicated to the Ebola emergency response in Guinea, Liberia and Sierra Leone, the World Bank has disbursed 74 per cent. The Bank is reallocating the remaining funds to priorities linked to reaching and remaining at zero cases and to the rebuilding of health-care systems.

Non-Ebola health care

54. In all three affected countries, WHO is working to strengthen national awareness of and build capacity in infection prevention and control and patient safety practices. In Guinea, WHO is training 400 pharmacists to ensure that personal protective equipment and standard precautions for Ebola arrive at the front line regularly. It is also working with the Government to develop infection prevention and control and patient safety pre-service curricula for health-care workers. In Sierra Leone, WHO is supporting the establishment of a new infection prevention and control unit at the Ministry of Health and Sanitation and providing technical support for the implementation of infection prevention and control standards in health-care facilities in collaboration with the United States Centers for Disease Control and Prevention and the Ebola Response Consortium. It is coordinating technical input for the development of the first national infection prevention and control guidelines and training package in Sierra Leone. The WHO infection prevention and control team in Liberia is supporting the Ministry of Health in the development of a comprehensive infection prevention and control training module.

55. In close collaboration with national Governments and partners, WHO continued to provide technical support in the management of pregnant Ebola contacts. It drafted the pregnancy section of a guidance paper on health care of contacts in homes under quarantine and contributed to the implementation of clinical care for pregnant women in quarantine.

56. A government-led, UNICEF-supported maternal and child health week ran from 11 to 18 June in all Guinean prefectures, except Boké, Dubréka and Forécariah where cases of Ebola persist. Health-care workers sought to vaccinate at least 80 per cent of children who had not been vaccinated or who had not had their entire series of vaccinations under the Extended Programme on Immunization. They also provided vitamin A supplements to at least 90 per cent of children between 6 and 59 months of age and provided pregnant women with folic acid and iron. In Liberia, WHO supported the national malaria control programme in a nationwide campaign with the distribution of 2,195,800 insecticidal mosquito nets.

57. The Government of Sierra Leone, with support from UNICEF, WHO and the United States Centers for Disease Control and Prevention, concluded a six-day integrated national measles and polio campaign on 10 June during which 1,205,865 children between 0 and 59 months of age (97 per cent of the target population) received the measles vaccine and 1,475,859 were vaccinated against polio (98.8 per

cent of the target population). UNICEF provided 1.5 million doses of the polio vaccine and 1.4 million doses of the measles vaccine, together with support to meet the operational costs and for social mobilization activities. It also supported the strengthening of cold chain equipment in the districts, provided 22 new solar refrigerators and a negative-pressure walk-in cold room and repaired refrigerators in the peripheral health facilities.

58. A coverage survey of the UNICEF-supported countrywide measles campaign that concluded in Liberia in May is being carried out at the county level. Preliminary national-level data show that coverage exceeded 98 per cent of the target population. A countrywide polio campaign was scheduled for the last week of June, during which an estimated 683,573 children between 6 and 59 months of age were targeted to also receive vitamin A.

59. In Sierra Leone, UNICEF supported 13 district health management teams with the organization of on-the-job training, coaching and mentoring for 165 chiefdom health supervisors, who will mentor and supportively supervise staff of the health facilities in their respective chiefdoms. It also supported the National Pharmaceutical Procurement Unit in redistributing free life-saving medicines for children under 5 years of age and for pregnant and breastfeeding women to 1,184 peripheral health units in all districts.

60. In Liberia, WHO continues to support the Government in ensuring improved vaccine supply and quality. Maintaining updated distribution plans at the national and county levels to ensure the regular supply of high-quality vaccines to all service delivery points remains a priority. In addition, WHO continues to work with the Ministry of Health to strengthen outreach activities in all health-care facilities through the revision of outreach plans, the implementation of planned outreach activities and the provision of incentives and logistical support for outreach.

61. WHO supported the negotiations of the Ministry of Health of Liberia regarding the emergency hiring and management plan, which was aimed at bringing more than 4,500 health-care workers currently working in national health facilities on to the government payroll. In Sierra Leone, WHO is working with the Ministry of Health and Sanitation and partners to mobilize support for the implementation of the first nine months of the five-year investment plan.

62. In Guinea, Liberia and Sierra Leone, WHO is assisting in the strengthening of national response capacity in planning, implementation, data collection and monitoring with regard to mental health and psychosocial support by supporting a two-day technical consultation on the impact of Ebola on mental health.

63. WHO is assisting the Ministry of Health of Liberia to move towards the establishment of a national public health institute, including by supporting a leadership course targeting high-level Ministry officials, planned for July, and a structured study tour to relevant national Centre for Disease Control and Prevention offices.

64. WHO participated in a two-day meeting in Dakar organized by the West African Health Organization on the establishment of a West African regional centre for disease control, which will cover the 15 States members of the Economic Community of West African States, including Guinea, Liberia and Sierra Leone. WHO will be a member of the technical advisory board for the institution.

65. Together with the secretariat of the Mano River Union, the UNFPA West and Central Africa Regional Office launched a regional initiative focused on accelerating the attainment of the demographic dividend by empowering young people in the States members of the Union to contribute economically to the acceleration of recovery and development efforts.

66. In Sierra Leone, UNFPA is supporting the Ministry of Health and Sanitation in mitigating the impact of the Ebola outbreak on sexual and reproductive health and maternal health care. Its support includes the establishment of an effective referral system and sexual and gender-based violence prevention and response efforts. In addition, it is providing the Ministry with a package of support, including the development of protocols, quality assurance and referral systems and the provision of outreach services to women and adolescent girls. It is also supporting the Ministry to upgrade its primary health-care units to provide youth-friendly health services and train health-care workers on adolescent sexual and reproductive health.

67. In Guinea, UNFPA continues to build a resilient health system through the Mano River Midwifery Response initiative, with funding from UNMEER and the Government of Japan. In collaboration with the Ministry of Health, and to increase the provision of sexual and reproductive health services in communities, 50 midwives were recruited and deployed in 25 border health-care facilities. UNFPA has also been supporting the training of health professionals on sexual and reproductive health and assisting with the integration of gender-based violence modules in community health-care worker training programmes.

Protection

68. An estimated 18,242 children are registered as having lost one or both parents (or their primary caregivers) to Ebola but, as a result of strong kinship networks, fewer than 3 per cent have had to be placed outside family or community care. UNICEF is providing immediate social and economic support to those children and their caregiver families, but longer-term support is needed for the families to provide high-quality care for both their own children and those whom they have taken in. Of those registered children, 12,000 have received a minimum package of support. More than 323,000 children have received psychosocial support.

69. In Guinea, 5,427 of the 5,878 registered children have received cash transfers. In Liberia, of the 3,660 registered children, 69 per cent have received a one-off cash payment of $150 through the Ministry of Gender, Children and Social Protection. In Liberia, UNICEF is supporting the revitalization of birth registration and certification, which slowed down or stopped in many health centres over the past year. Assessments have shown that most of the 73,000 children born during the outbreak have not been registered.

70. In Sierra Leone, child protection efforts were strengthened through the deployment of four additional child protection staff to increase the monitoring of children in quarantined households and to provide technical support to the authorities and partners in responding to protection and psychosocial needs.

Education

71. More than 25,000 schools in Guinea, Liberia and Sierra Leone have been equipped with minimum hygiene packages for Ebola prevention; 124,000 teachers have been trained in Ebola prevention and 36,000 in psychosocial support.

72. The Ministry of Education, Science and Technology of Sierra Leone, in collaboration with UNICEF and partners, is monitoring adherence to safety protocols in schools, focusing on the hotspots of Kambia, Port Loko and Western Area Urban. Recent data from Kambia and Port Loko show that 88 per cent of schools are observing all three safety protocols in hand washing, temperature monitoring and cleaning. About 95 per cent are observing hand washing and temperature monitoring; the data are similarly positive in Guinea. UNICEF continues to support the dissemination of teaching and learning materials to schools and to children in quarantined households, including through the provision of photocopied lessons, so that learning is not disrupted. In addition, 41 radio stations in Sierra Leone are broadcasting learning programmes.

73. In Guinea, UNICEF and implementing partners have monitored how well Ebola safety protocols are being followed in schools in the regions of Faranah, Kankan, Kindia and Mamou. Overall, visits to schools show that teachers and pupils are adhering to the protocols. Twenty-one radio stations continued to broadcast education programmes, including key messages about Ebola prevention. The rural radio station in Forécariah continued to broadcast morning Ebola awareness-raising and evening education programmes. The Ministry of Education published the end-of-year examinations schedule, which is expected to begin in July.

74. In Liberia, UNICEF is supporting the Ministry of Education with the procurement and distribution of teaching and learning materials. To date, the materials have been distributed to benefit 29,776 pupils and 1,942 teachers in 120 of the targeted 995 schools in Montserrado County. UNICEF is also working closely with county and district education personnel to finalize distribution plans in the remaining counties. In total, 4,619 schools serving some 1.2 million children received infection, prevention and control kits. To ensure the effective implementation of safety protocols in all schools, all the 98 district education officers were trained in the use of the kits. They then trained two teachers and one parent-teacher association member from each school, bringing the total to 9,238 teachers and 4,619 parents.

75. In Liberia, UNICEF is supporting the Government's efforts to harmonize standards for water, sanitation and hygiene infrastructure improvements and hygiene promotion in schools. Water, sanitation and hygiene facilities in selected schools are being assessed. In the first phase, 140 schools in nine counties will receive a full water, sanitation and hygiene package that includes supplies, sanitation facilities that cater to the needs of boys and girls, waste management facilities, accessible hand-washing locations and school health clubs.

Economic impact, livelihoods and food security

76. There has been a slight improvement in economic activity following the decline in Ebola transmission and the restriction of the geographical spread of the virus.

77. In Sierra Leone, the WFP targeted supplementary feeding activity reached more than 300 beneficiaries in June, while almost 10,000 people received food assistance.

78. To mitigate the impact of a possible second poor planting season in Ebola-affected areas, WFP continued to coordinate food deliveries and seed distributions by the Government of Sierra Leone, reaching in excess of 21,000 people in June. WFP is providing logistical support to transport the seeds for a similar campaign in Liberia. In June, it procured more than 800 tons of rice and pigeon peas from smallholder farmers in Guinea and Sierra Leone.

79. In Liberia, the Food and Agriculture Organization of the United Nations conducted four community workshops, attended by representatives of 50 rural women's associations, in Bong and Lofa counties. It has trained representatives of 50 village savings and loan associations on microfinance and cash management and made conditional cash transfers to 150 women's associations in the most Ebola-affected areas of Bong, Lofa and Nimba counties, while activities are continuing to rehabilitate 90 ha of rice fields.

Preventing outbreaks in non-affected countries

80. WHO and partners are supporting ministries of health in priority at-risk countries in Africa for the implementation of operational plans for Ebola preparedness activities. In June, subject-matter experts were deployed in Côte d'Ivoire, Ghana, Guinea-Bissau, Mali, Senegal and Togo. Meanwhile, the 14 deployed WHO Ebola Preparedness Officers continue to support 11 priority WHO country offices for six months, while three experts in infection prevention and control, coordination and health logistics are supporting multiple countries over the same period.

81. Following the recent cases in Boké prefecture, Guinea, along the border with Guinea-Bissau, WHO, UNICEF and partners further increased their support to strengthen the capacity of Guinea-Bissau to detect and respond to cases should there be cross-border transmission. Additional support focused on the establishment of WHO sub-offices in the regions of Gabú and Tombali, which share a border with Guinea. In June, support was provided with epidemiological surveillance, local and international coordination, screening at points of entry and community engagement.

82. In Côte d'Ivoire, WHO assessed capacity and gaps in the national logistics system with a focus on safe case management and isolation, transport, communication systems and supply chain management. In Senegal, WHO supported the Operational Centre for Emergency Health Response in a string of field simulation exercises and drills run over two weeks to test the detection of a potential suspected case of Ebola and the management of that case until discharge or death at the Kalifourou point of entry and the Tambacounda Ebola treatment centre. In Ghana, a simulation exercise was conducted to assess the readiness and logistical capacity of the country's rapid response team. Simulation exercises are planned for July in Mali. In Togo, infection prevention and control support was provided over four weeks, including through the conduct of a training-of-trainers course.

83. As at 30 June, 50 per cent of priority countries, including all four countries neighbouring Guinea, Liberia and Sierra Leone, had implemented at least 50 per cent of the Ebola preparedness checklist, compared with 7 per cent in December 2014. The average implementation rate is 44 per cent, with average rates by

component as follows: coordination, 49 per cent; rapid response teams, 45 per cent; public awareness, 57 per cent; infection prevention and control, 45 per cent; case management, 55 per cent; safe and dignified burials, 35 per cent; epidemiological surveillance, 54 per cent; contact tracing, 34 per cent; laboratory, 75 per cent; capacity at points of entry, 46 per cent; budget, 34 per cent; and logistics, 21 per cent.

Way forward

84. Important progress in combating Ebola continued to be made during the reporting period. In Sierra Leone, eight cases were reported in each of the two weeks to 28 June, the lowest case incidence since mid-May 2015. Those gains notwithstanding, there continue to be setbacks in efforts to achieve zero transmission. Concerns remain over the prevalence of unknown chains of transmission in Guinea and Sierra Leone. Six weeks after Liberia was declared free of Ebola, the body of a 17-year-old in Margibi County was confirmed positive for Ebola on 29 June, serving as a stark reminder that rigorous and sustained vigilance is necessary throughout the region until all the countries are declared free of Ebola. Combating this deadly virus will require continued collective resolve and strengthened response activities, including through increasingly fine-tuned community engagement, contact tracing and cross-border cooperation efforts in the affected countries.

85. I should like to commend the Government and people of Liberia for the swift action taken to investigate the new confirmed chain of transmission. I am confident that, with its experience, demonstrated resolve and commitment, and with the full support of key partners, Liberia will be able to contain the recent flare-up. Given the gravity of the outbreak, the re-emergence of Ebola has highlighted the effectiveness of the operational response strategy in strengthening national knowledge and capacity to be activated to identify and respond rapidly and efficiently to flare-ups as they occur. The vigilance of Liberia was evidenced in its response.

86. I commend the leadership of the Presidents of Guinea and Sierra Leone shown in their timely meeting in the border towns of Pamalap and Gbalamuya. That meeting, which demonstrated political commitment at the highest level, has been followed by strengthened response operations in the affected districts and prefectures. I urge everyone to ensure that active community engagement and surveillance efforts continue in order to avert future cross-border transmission and reinfection. I echo the sentiments of many, including the Presidents of Guinea, Liberia and Sierra Leone, that no one country in the region is entirely safe from the risk of infection until the entire region is declared free of Ebola.

87. Regarding the way forward, the global Ebola response is now much better equipped to adapt and target interventions in support of nationally led response efforts to meet the needs of the affected communities. The response to the last remaining cases remains challenging. The leadership, technical and specialized expertise and coordination of WHO in reaching and remaining at zero cases are increasingly critical at this definitive moment in the response. Communities are and will continue to be the driving force of the response as efforts to identify and uproot the triggers of transmission in the remaining affected localities continue. With a view to strengthening response efforts on the ground and addressing remaining hotspots, Operation Northern Push in Sierra Leone and a campaign of reinforced surveillance in Guinea are being implemented.

88. In Sierra Leone, the Mission's transition process has been completed and its operational functions were handed over to national partners and United Nations agencies, funds and programmes on 30 June. In Guinea, UNMEER is gradually winding down its activities and will hand over all operations by 31 July.

89. The United Nations remains steadfast in its commitment to supporting the Governments of Guinea, Liberia and Sierra Leone in reaching and remaining at zero cases. As UNMEER prepares to close by 31 July, I have determined that the high-level, dedicated United Nations leadership to reach zero cases will remain in the countries beyond the lifespan of the Mission, under the oversight of WHO and with the support of United Nations country teams, until the end of December 2015. The United Nations agencies, funds and programmes, the United Nations Mission in Liberia and national and international partners have undertaken necessary operational functions, such as logistics, field crisis management and information management, to enable this seamless transition process. WHO, however, needs additional financial resources to cover the costs of the transition leadership arrangements. Resources are also needed by the United Nations and partners to support nationally led efforts to end the outbreak and to support initial recovery activities in the affected countries. The priority in the medium to long term will be to enable the people of the affected countries to have access to high-quality health care countrywide. The Ebola Response Multi-Partner Trust Fund has continued to be a useful source of financing for projects that are vitally important to the response. There is a need to continually replenish the Trust Fund. I therefore urge Member States, at this critical juncture, to sustain the financial and political support necessary to end the outbreak.

90. The International Ebola Recovery Conference will be held in New York on 10 July 2015 and afford an opportunity to show solidarity with the affected countries. I wish to thank the Presidents of Guinea, Liberia and Sierra Leone, in addition to the Mano River Union, for their considered preparation in advance of the Conference. The potential participation of private sector actors will help to provide a holistic overview of the recovery activities intended to jump-start socioeconomic development in the countries.

91. I should like to thank the Presidents of Guinea, Liberia and Sierra Leone for the leadership that they have continued to provide to the global Ebola response effort. Over the 10 months since UNMEER was established, considerable progress has been made in combating Ebola. Real challenges remain, however, in particular at this stage of the response when the focus must continue to be on achieving a resilient zero cases. We must not become complacent or discouraged. We must continue to encourage the affected populations not to become frustrated; their efforts are yielding considerable results and international support to the Governments and affected communities must remain nimble and adaptable. The United Nations system is fully committed to persevering in support of the people of Guinea, Liberia and Sierra Leone until the job is completed. I urge all responders to stay the course.

92. I should be grateful if you would bring the present letter to the attention of the members of the General Assembly.